

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1	2				
4	1	1				
5	1	0				
6	0	1				
7	1	0				
8	0	1				
9	1	0				
10	0	1				
11	1					
12	1					
13	2	1				
14	1	0				
15	1					
16	1					
17	2					
18	1					
19	1					
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	15	←		←		←
TOTAL CLAIMS	18					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						